

**MEDICAL CARE ADVISORY COMMITTEE  
MEDICAID BUDGET HEARING FOR UTAH MEDICAID REFORM BILL – S.B. 180  
JUNE 9, 2011 – CANNON HEALTH BUILDING ROOM 125  
4:00-6:00 P.M.**

**ATTENDANCE**

**PRESENT:** Jerry Petersen, Lincoln Nehring, Kris Fawson, LaVal B. Jensen, Michelle McOmber, Judi Hilman, Russ Elbel, Tina Persels, Mauricio Agramont, K. Kumar Shah, Yvette Woodland, Mark Ward, Venkataraman (Pasu) Pasupathi, Gail Rapp for Michael Hales

**EXCUSED:** Michael Hales, Warren Walker

**ABSENT:** E. David Ward, LaPriel Clark, Jason J. Horgeshheimer, Sheri Wittwer

**STAFF:** Nate Checketts, John Strong, Aaron Eliason, Kolbi Young, Blake Anderson, Gail Rapp, Gayle Coombs

**VISITORS:** Dr. David Cole, Rod Betit, Gordon Crabtree, Jack Sanderlin, Aimee Wetman, Steve Bateman, Kathy Konishi, David Hams, Kirsten Stewart, Joyce Dolcourt, Jeff, Widde, Brenna Marron, Kimberly Lucchesi, Monica English, Gina Money, Sheila Walsh-McDonald, Nancy Mitchell, Shanie Scott, Stephanie Baker, Kim Myers, Alan Pruhs, T. Heiser, Mike Crittenden, Scott Sherratt, Jesse Liddell, Dave Gessel, Todd Wood, Kathy Konishi, Ronda Miller Ernest, Barb Viskochil, Tom Metcalf, Deborah Brown, Christine Evans, Jack Sanderlin, Aimee Whetman, Sauba M. Curcie

**1. Welcome – Jerry Petersen**

Chairman Petersen called the hearing to order at 4:05 p.m. He explained the purpose of the MCAC Committee and the organizations the members represent. He explained the 1115 Waiver that is the topic of today's hearing. Chairman Petersen said they would appreciate testimonies being limited to three minutes. He explained the three minute limit for testimony and explained the yellow card and the red card that will be used to keep speakers aware of the time. Chairman Petersen said he will have to leave during the meeting and then Lincoln Nehring, the Vice-Chairman, will take over.

The time was then turned over to John Strong to begin the hearing.

**First Speaker – Dr. David Cole**

Dr. Cole said their concern is that Medicaid patients have access and the providers are reimbursed for the services they give them. He went over the UMA proposal. Reimbursement will be left up to the ACO's. Dr. Cole said they support the idea of a medical home for providing medical care. He said this system should be set up so physicians can coordinate care. He said they do not feel the plan should be able to limit the number of physicians willing to participate.

**Second Speaker – Rod Betit**

Rod then gave his presentation and said who he represents. He said they strongly support S.B. 180. Rod said they have sent in some things they thought should be included in this. He mentioned some things that he feels could cause

problems with this. Rod said he feels it is time for the State to have a discussion about evidence based care. He mentioned how Oregon did evidence based research to decide what they should or should not cover. He said he feels CMS will be very interested in details in regard to the ACO plan. Rod mentioned that the hospital assessment is a key part of this. Rod said he got some information from other people on this and hopes they will be able to talk to the Department of Health about it. He mentioned that you have to have a real robust quality program as part of this.

### **Third Speaker – Gordon Crabtree**

Gordon mentioned three summary comments. He said they really want to be involved along the way with this. He mentioned how you really cover the costs of services. Gordon mentioned that there are a couple of benefits to this and ways to do it. He mentioned things that could be done so they would not have to reduce benefits. Gordon said they should take the savings that are generated from this program and invest them in other programs. He said he will have more details on that.

### **Fourth Speaker - Aimee Whetman**

Amy spoke on behalf of Steve Bateman. She said they have some additional clarification requests. She asked if there is any intent to ask other people to participate and join our ACO program. She said they would like to know if there is going to be a structured transition. Amy mentioned other things they would want to know. She mentioned some concerns in regard to the auto assignment criteria of the ACO plan. She said they do support this effort.

### **Fifth Speaker – Kathy Konishi**

Kathy mentioned that she has comments in three areas. One was in regard to the rate cells. She mentioned different options they would like the State to use in this. They would like to have the State also have risk corridors and stop loss to limit the risk. She said the ACO's should be rewarded for reducing cost. Kathy mentioned that there will have to be some rate adjustment for acuity. She said they want the State to work with CMS on making this a flexible program and have cost neutrality.

### **Sixth Speaker – Joyce Dolcourt**

Joyce went over what they feel this waiver should include and how the Medicaid clients should be treated. She said they have some concerns about the proposed co-pay schedule and how it could affect some of the Medicaid clients. They would like a limited test or monthly co-pay and a process similar to spend down. They are concerned about the rationing of services for children.

### **Seventh Speaker – Monica English**

Monica said she feels all children on the disability waiver should not be included in the new co-pays. She mentioned how expensive it is to raise a child with disabilities. She said she would encourage that people in her situation, where their income is very low and their needs are very high having their child who is on a ventilator and needs a wheelchair, that they be able to get some help with their family.

### **Eighth Speaker – Sheila Walsh-McDonald**

Sheila said she is a health care advocate and has been very supportive of this waiver, but only if it is helpful for the clients. She feels that the way health care costs are paid needs to be changed. She mentioned some concerns. Sheila went over the different goals of the waiver and mentioned which ones she is supportive of and the ones she is not. She

said she feels we really need to make sure that we do appropriate client education. Sheila mentioned the definition of medical home and feels it should be better defined. She mentioned how she is really skeptical on the client incentives. Sheila said she would rather have the resources go to assuring 12-month continuous eligibility. She said she would encourage us to let Medicaid be the second payer for the premium subsidy program, especially for children.

#### **Ninth Speaker – Shanie Scott**

Shanie said they support S.B. 180 but cannot support some parts of the 1115 waiver. She reviewed the concerns. They would recommend that the State create a health benefits committee, create an exceptional care needs coordinator, and create a safe guard for vulnerable populations. Utah needs to create a better cost sharing schedule. Their recommendation would be to look at a tiered program or cost sharing program. Shanie also feels EPSDT should be taken out of this entirely. They feel Medicaid subsidized premiums are a big concern for them. They feel there should be cost sharing protection.

Judi Hilman passed out a brief in regard to what Shanie discussed.

Kris Fawson mentioned some concerns she had in regard to some things for people with disabilities.

Gail Rapp was asked to clarify some things in regard to EPSDT. She explained what was in the proposal.

Judi had a question on processes from this point forward. Gail said the comment period must be completed by June 20, 2011 and then the waiver submitted by July 1, 2011. Judi asked her how they feel things will go after July 1<sup>st</sup>, and Gail said we will have to wait to hear from CMS. Judi mentioned how there really is not a lot of time where the MCAC can really come up with something on this and propose it. Judi asked if there could be a conference call where the MCAC could decide on their stand on this. Judi said she would like to propose that the MCAC find some time. Kumar Shah mentioned passing a document around to the MCAC members to look at. Judi mentioned having the MCAC meeting an hour before the hearing on June 16<sup>th</sup> to review some possible motions for this.

Lincoln asked if there were any comments on this. He asked if there were other speakers that would like to speak now.

Another worry was mentioned that they have for those in the Medicaid D category. It was mentioned that these people have the same needs as those on the waiver. With the cost sharing coming in, it could now be very difficult for these people to get the services they need. The recommendations in regard to EPSDT were also dittoed and it was said that EPSDT is really a safety net for children.

Tina Persels said how she agreed with what was just said.

Lincoln asked if there were other comments from the MCAC. Judi moved that the MCAC meet at 2:30 p.m. on June 16<sup>th</sup> to come up with a consensus in regard to this. Kumar said that if we want to do this, there should be something in advance that they can look at. Judi then said that a small group should be formed to develop a draft and consensus of recommendations that would be circulated by June 14<sup>th</sup>. Judi said that was now her motion.

Michelle McOmber said that with such short notice, how many MCAC members would actually be able to be here for the early meeting. Lincoln went around the table to see how many MCAC members would be able to be here at 2:30 p.m. There were only five or six that could. Michelle mentioned doing this electronically before then to share the information. Lincoln then asked for a vote on the interest of this concept. Kumar and Tina seconded Judi's proposal.

Judi moved to get together sometime before that MCAC Public Hearing on June 16<sup>th</sup> and possibly develop some suggestions. It was mentioned by Kumar and Michelle that they would prefer getting this information electronically. Lincoln said that the MCAC can vote electronically. It was asked if there was anyone here now that could develop a draft for this. Judi mentioned finding a time for a conference call after the electronic information is exchanged. Michelle said she would have to share this information with her group first. She suggested that they take the testimony from today's meeting and then review that before they discuss it. Lincoln said they will use written comments whenever available. Judi said she will draft a document and send it out to everyone.

Gail said possibly they could just take a vote at the beginning of the June 16<sup>th</sup> Public Hearing. Judi mentioned how important it is to get the additional input from some of the people who talked today. Judi recommended having the comments emailed to John Strong and he could forward them on to other people. John said that things have to be sent out five days early to all MCAC members. This is part of the rules of the MCAC.

Gail said there is also a lot of public comment that comes outside of the MCAC. John said the meeting agenda has already been sent out for the next week's MCAC Public Hearing.

Judi said they could circulate a document on June 14<sup>th</sup> and then vote on it on June 16<sup>th</sup>. Michelle said there is a limited amount of time so possibly they will not be able to pull this all together. Yvette Woodland mentioned how she would not be comfortable in going along with things that she did not hear discussed herself.

Judi again mentioned them bringing together the relevant testimony on this to discuss on June 14<sup>th</sup> and then see if they would have a vote after the hearing on June 16<sup>th</sup>. Kumar seconded the motion. There were some people that were opposed to this proposal. Lincoln said that Judi's motion did pass, however, because more people were in favor than not in favor.

Gail said we have to submit the waiver by July 1 as required by SB 180. People were reminded that the MCAC is an advisory group. Kris Fawson said she feels the MCAC should decide on what they heard today and vote on that. She again mentioned that the minutes from the Tuesday hearing should be included in this and sent out to the MCAC.

Gail was asked to forward any written comments they receive in regard to today's meeting to them between now and June 14<sup>th</sup>. Gail will send them to Judi.

Judi again said they would like to have the meeting at 3:00 p.m. on June 16<sup>th</sup> and then vote on it at the end of the Public Hearing. Kris then mentioned adding the note to the June 16<sup>th</sup> agenda. Judi mentioned a document she had in regard to cost sharing. She passed out a document entitled Waiver Proposal and Current Cost Sharing Comparison Chart. Russ Elbel mentioned that they will need time to be able to come to a consensus.

Kumar made the motion in addition to Judi's motion to have an electronic voting on June 17<sup>th</sup> in regard to this. Kris asked if people would be willing to meet on June 20<sup>th</sup>. Michelle then again mentioned getting a consensus and voting on it on June 16<sup>th</sup>. John stressed that what the Department of Health is seeking is input. He feels they should collaborate electronically and then those that want to send their comments on to the Department of Health and then we will collect all those. Blake Anderson said the comments will be considered. CMS will be made aware of all this.

Another vote was taken and everyone agreed. Gail told Judi to be sure and send their comments to the public notice section. This will go to Craig Devashrayee.

There were no more comments, and the meeting was officially adjourned at 6:00 p.m.